Application Number Filing Date **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments AFTER FIRST... AFTER SECOND AMENDMENT CLAIMS ASFILED Indep Depend Indep Depend Indep Depend Indep Depend Indep Depand Indep Depend 52 53 54 -55 56 57 13 66 67 . 69 71 · 72 73 25 26 27 27 28 30 30 32 32 32 34 75 76 77 79 38 . 88 40 41 42 ~ · ·89 93 Total Total Indep Total Indep Total Depend Depend Total Claims Total Claims